Position Description

Send the original to the Division of Personnel Services. CHECK ONE: NEW POSITION EXISTING POSITION				
Part 1 - Items 1 through 12 to be completed by de			e.	
Agency Name Kansas Department for Children and Families	9. Position K0233594	10. Budget Program Number		
2. Employee Name (leave blank if position vacant)			s Title (if existing position) ive Specialist	
3. Division Legal		12. Proposed Cl	ass Title	
4. Section	For	13. Allocation		
5. Unit Foster Care and Residential Licensing Division	Use	14. Effective Da	ate	Position Number
6. Location (address where employee works)	By	15. By	Approved	
City Topeka County SN 7. (circle appropriate time)	Personnel	16. Audit		
Full time Perm. Inter. Part time Temp. %		Date: Date:	By: By:	
8. Regular hours of work: (circle appropriate time)	Office	17. Audit Date:	By:	
FROM: AM/PM To: AM/PM		Date:	By:	
PART II - To be completed by department head,	personnel office	or supervisor of	the position.	
18. If this is a request to reallocate a position, briefly other factors which changed the duties and respo	nsibilities of the p	position.		
19. Who is the supervisor of this position? (Who ass Name	igns work, gives Title	directions, answers		rge.) 1 Number
Scott Henricks	Deputy Directo	r		K0231170
Who evaluates the work of an incumbent in this pame	position? Title		Position	Number

Read each heading carefully before proceeding. Make statements simple, brief, and complete. Be certain the form is signed. Agency

The position will function under the general guidelines provided by the supervising Deputy Director with input from other administrators. Instructions and guidelines will be provided for decision-making. The employee is responsible for a region of the State. Duties are also assigned by the supervising Deputy Director.

20. a) How much latitude is allowed employee in completing the work? b) What kinds of instructions, methods and guidelines are given to the employee in this position to help do the work? c) State how and in what detail assignments are made.

21. Describe the work	of this position <u>using the page or one additional page only</u> . (Use the following format for describing job duties:)
	n being done (use an action verb); to whom or what is the action directed (object of action); why is the action rief); how is the action being done (be brief). For each task state: Who reviews it? How often? What is it
Number Each Task and Indicate Percent of Time	
1. 35% E	 Application processing: Enters initial, NRKIN and move application data into CLARIS and creates both computer and paper files; Reviews the Notice of Survey Finding completed by surveyor for areas of noncompliance indicated. If areas of noncompliance, give to supervisor for follow-up and possible enforcement. Provides information about programs and activities and respond to questions regarding application and regulatory procedures to child placing agencies, licensees and applicants. Issue licenses.
2. 35% E	 Maintains paper and CLARIS electronic files on family foster homes within a specific geographic region of the state: Distributes pertinent communication according to procedure and guidelines; Manages own high volume workflow to ensure timely completion within guidelines; Reviews statutes and regulations to increase knowledge in order to provide appropriate information to local child care contractors, child care service providers, parents, other agency personnel and the public; Suggests changes in services, policy or procedure to supervisor to correct deficiencies in current processes and satisfy customers; Based on surveyor recommendations, enter information into CLARIS to produce licenses, closure letters, temporary permits (for applicable applications).
3. 20% E	 Renewals Monitors Family Foster Home renewals: Tracks late renewals Tracks responses; makes notations in CLARIS Notifies Child Placing Agencies of late renewal Informs DCF staff members of actions taken on cases via email Informs supervisor if renewal paperwork is needed so supervisor can determine if enforcement action is needed Maintains late renewal spreadsheet (Excel); Prepare annual reports utilizing data mined from the late renewal spreadsheet;
4. 10%	 Misc. Data entry of complaints on complaint log. Mail processing Other duties as assigned.

- 22. a. If work involves leadership, supervisory, or management responsibilities, check the statement which best describes the position.
 - () Lead worker assigns, trains, schedules, oversees, or reviews work of others.
 - () Plans, staffs, evaluates, and directs work of employees of a work unit.
 - () Delegates authority to carry out work of a unit to subordinate supervisors or managers.

	 b. List the names, class titles, and position numbers of all persons who are supervised directly by employee on this position. Title Position Number
23.	Which statement best describes the results of error in action or decision of this employee? () Minimal property damage, minor injury, minor disruption of the flow of work. () Moderate loss of time, injury, damage or adverse impact on healthy and welfare of others. (X) Major program failure, major property loss, or serious injury or incapacitation. () Loss of life, disruption of operations of a major agency. Please give examples.
24.	For what purpose, with whom and how frequently are contacts made with the public, other employees or officials? Local, State, Federal Government Officials, Community contacts, Private Consultants, Owners, Operators, Legislature, and
	other DCF Program Staff.
25.	What hazards, risks or discomforts exist on the job or in the work environment?
	General working conditions – working under florescent lights, computer work eye strain, working under deadlines, working with demanding public and irate employees can cause stress. Sitting for long periods of time, and bending and stooping sometimes required for filing.
26.	List machines or equipment used regularly in the work of this position. Indicate the frequency with which they are used.
	Computer, phone, copier, fax and scanner.
PA	RT III - To be completed by the department head or personnel office

27. List in the spaces below the minimum amounts of education and experience which you believe to be necessary for an employee to begin employment in this position.

Education or Training - Spec	ial or professional				
License, certificates and regis	strations				
Special knowledge, skills and	labilities				
Experience - Length in years	and kind				
28. SPECIAL QUALIFICATIONS State any additional qualifications for this position that are necessary either as a physical requirement of an incumbent on the job, a necessary special requirement, a bona fide occupational qualification (BFOQ) or other requirement that does not contradict the education and experience statement on the class specification. A special requirement must be listed here in order to obtain selective certification.					
Signature of Employee	Date	Signature of Personnel Official	Date		
Signature of Supervisor	Date	Signature of Agency Head or Appointing Authority	Date		

Two years of experience in general office, clerical and administrative support work.